

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
MAY 15 2013  
Bayfield Co. Zoning Dept.

4630  
Permit #: 13-0007  
Date: 7-24-13  
Amount Paid: \$1630  
Refund: 5-16-13  
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Bob Raker</u>	Mailing Address: <u>4489 168<sup>th</sup> Ave W</u> City/State/Zip: <u>Eden Prairie, MN</u> Telephone: <u>612 55346</u>
Address of Property: <u>44845 Pease Rd</u>	City/State/Zip: <u>Barnes WI 54873</u> Cell Phone: <u>963-1235</u>
Contractor: <u>Mackinac Construction</u>	Contractor Phone: <u>715-795 2220</u> Plumber: <u>Bergman</u> (715) <u>376-2278</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Jeremy Arisell</u>	Agent Phone: <u>2220</u> Agent Mailing Address (include City/State/Zip): <u>WI 52230 Moen Rd Barnes 54873</u> Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>N 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement) <u>PLN: (23 digits) 04-004-2-44-09-15-1 01-000-10000</u> Recorded Document: (i.e. Property Ownership) Volume <u>1088</u> Page(s) <u>68</u>
Section <u>15</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>Barnes</u> Lot Size _____ Acreage <u>33.43</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland					

Value at Time of Completion * Include donated time & material <u>\$210,000</u>	Project (What are you applying for?) <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>CON</u> <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>200 gal</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
--	---	---	--	---	--	--

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>65'</u>	Width: <u>~ 30'</u>	Height: <u>20'</u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( <u>65' x ~ 30'</u> ) ( <u>X</u> ) ( <u>X</u> ) ( <u>X</u> ) ( <u>X</u> ) ( <u>X</u> ) ( <u>X</u> ) ( <u>X</u> )	<u>1,950</u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>X</u> )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	( <u>X</u> )	
	Addition/Alteration (specify) _____	( <u>X</u> )	
	Accessory Building (specify) _____	( <u>X</u> )	
	Accessory Building Addition/Alteration (specify) _____	( <u>X</u> )	
	Special Use: (explain) _____	( <u>X</u> )	
	Conditional Use: (explain) _____	( <u>X</u> )	
	Other: (explain) _____	( <u>X</u> )	

Rec'd for Issuance  
JUL 24 2013

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
The undersigned (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

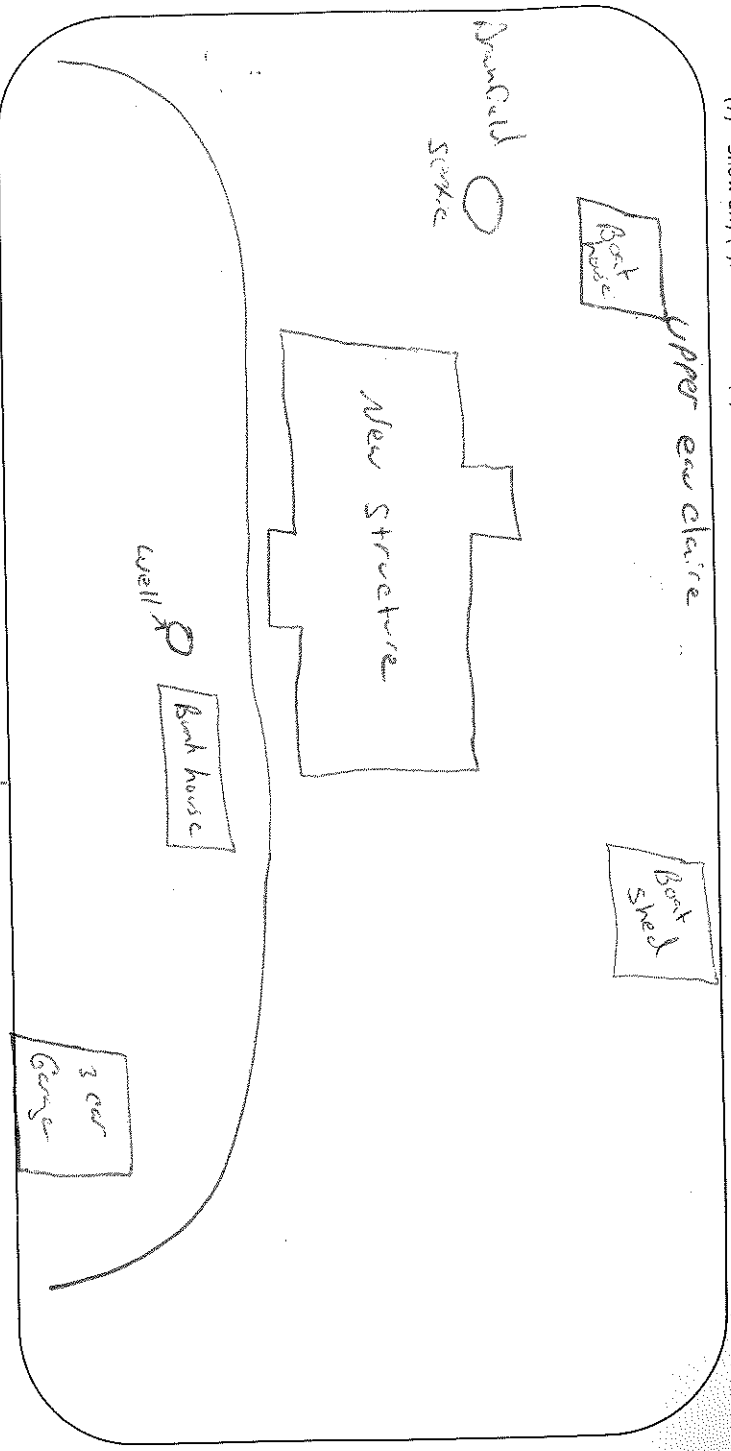
Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Jeremy Arisell Date 5-14-13  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 52230 Moen Rd Barnes WI 54873 Attach Copy of Tax Statement ☒  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

12-0372

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Page 1d

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1,100.0 Feet	Setback from the Lake (ordinary high water mark)	186 Feet
Setback from the Established Right-of-Way N/A		Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	136 Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	1,000 Feet	Setback from 20% Slope Area	26 Feet
Setback from the West Lot Line	210 Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line			
Setback to Septic Tank or Holding Tank	66 Feet	Setback to Well	60 Feet
Setback to Drain Field	75 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 163432	# of Bedrooms: 3	Sanitary Date: 18-16-91
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0807		Permit Date: 7-24-13		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	V-1090, P. 801
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Case #:	
Was Parcel Legally Created		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Were Property Lines Represented by Owner		
Date of Inspection: 7-16-13		Inspected by: M. Furdalski		Was Property Surveyed
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A uniform dwelling code (UDC) permit from the locally contracted UDC inspection agency must be obtained within the next 60 days.				
Signature of Inspector: M. Furdalski				
Hold For Sanitary: <input checked="" type="checkbox"/> X		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input checked="" type="checkbox"/> X
Hold For Fees: \$50		Date of Approval: 7-19-13		

Reconnect

© January 2012

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Submitted (Received)  
JUN 10 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-0808  
Date: 7-24-13  
Amount Paid: \$175  
Refund: \$175  
6-11-13  
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: CAROL LeBECK	Mailing Address: 1455 Evergreen Dr, River Falls WI 54022	Telephone: 715-425-6904
Address of Property: 51305 BIRCH LAKE RD.		City/State/Zip: 715-795-2540
Contractor: N/A	Contractor Phone: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: N 161' W 0 + N + S Hwy 145	Legal Description: (Use Tax Statement) PIN: (123 digits) 04-004-2-44-09-04-3-005-008-08000	Recorded Document: (i.e. Property Ownership) Volume 969 Page(s) 648
Gov't Lot 847	Lot(s) #96	Vol & Page V 969 P 648
Lot(s) _____	Lot(s) No. _____	Block(s) No. _____
Section 04, Township 44 N, Range 09 W	Town of: BARNES	Lot Size _____ Acreage 11.890

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ave Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: approx 350 feet		(Small Wetland Seasonal)
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ NA	<input type="checkbox"/> New Construction <input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	<input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	
	<input type="checkbox"/> Conversion <input checked="" type="checkbox"/> 2-Story (1 1/2)	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: Septic		
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Portable (w/ service contract)			
	<input checked="" type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet			
	<input checked="" type="checkbox"/> Short-term Rental for Circlespace					

Existing Structure: (If permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	<input type="checkbox"/> with Loft	( ) X ( )	
	<input type="checkbox"/> with a Porch	( ) X ( )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, ( ) sleeping quarters, ( ) cooking & food prep facilities)	( ) X ( )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( ) X ( )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( ) X ( )	
	<input type="checkbox"/> Accessory Building (specify) _____	( ) X ( )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
Rec'd for Issuance			
JUL 24 2013			
Secretary Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Carol Lebeck  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6/5/2013

Authorized Agent: \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

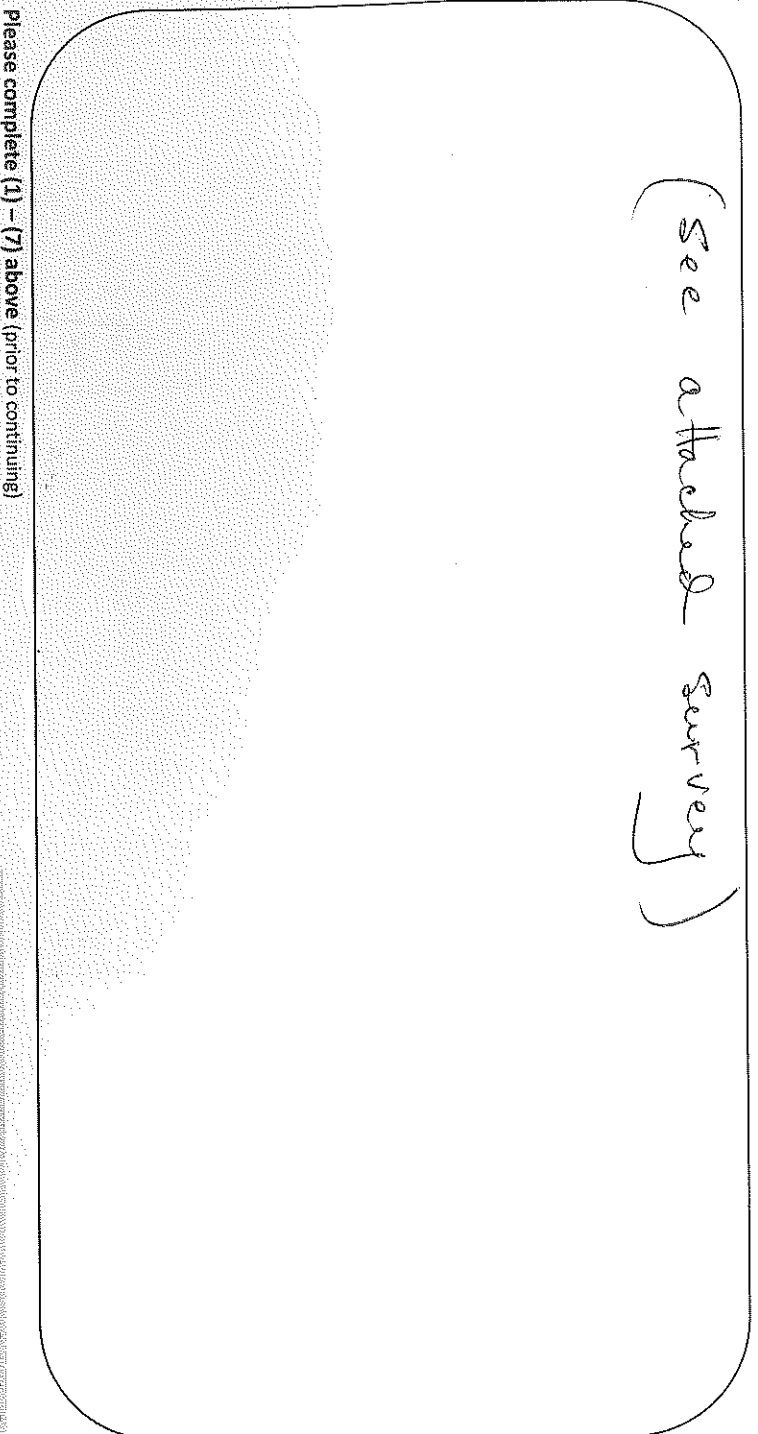
Address to send permit same as above

Copy of Tax Statement V  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

(See attached survey)



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	150+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	150+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	300+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20' Feet	Setback to Well	Feet
Setback to Drain Field	30' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

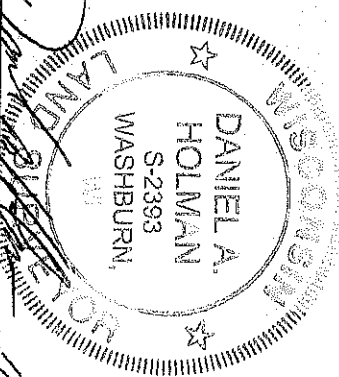
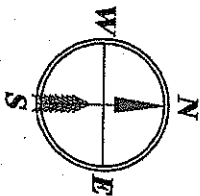
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

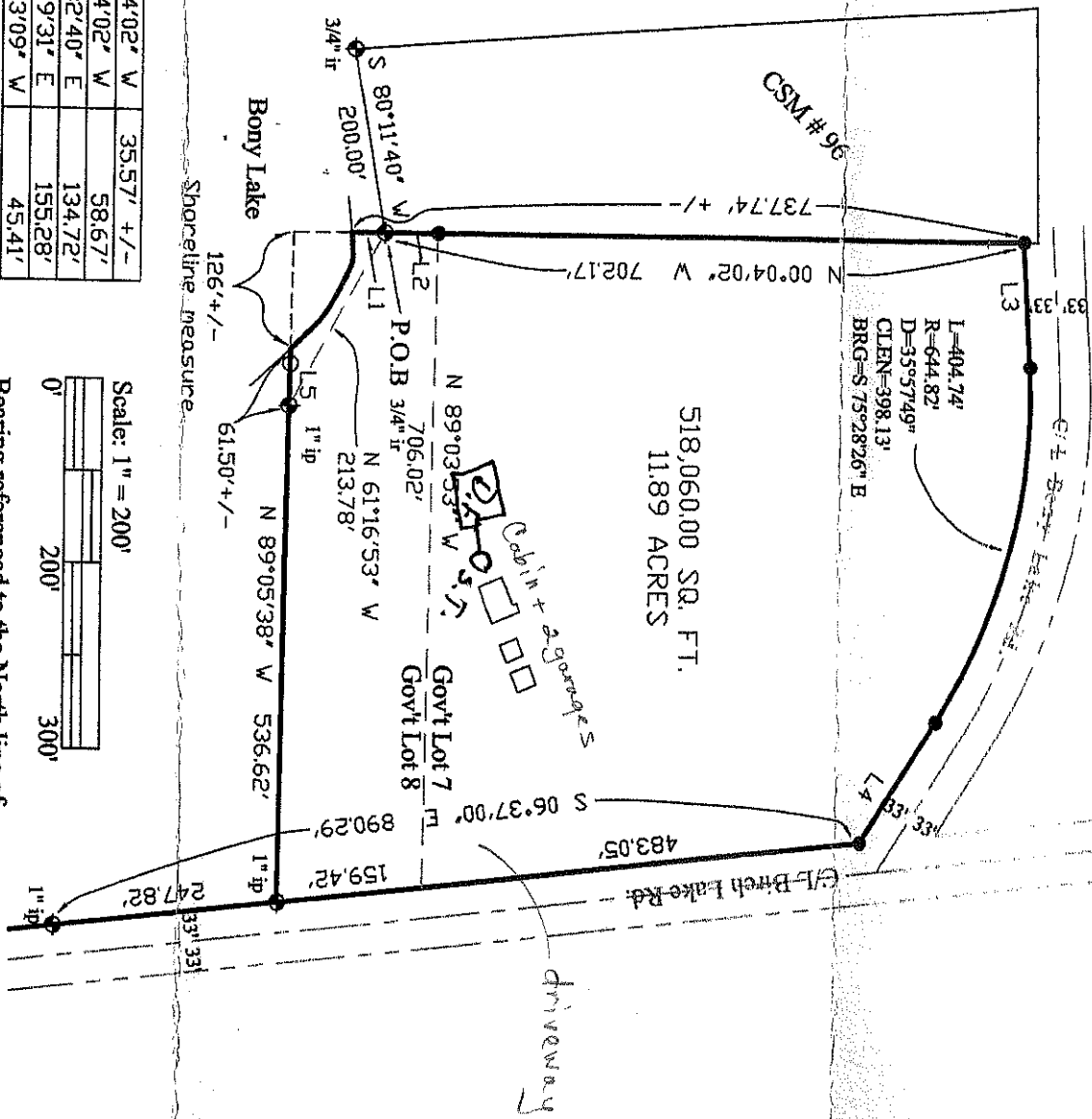
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 08-146S	# of bedrooms:	Sanitary Date: 9-19-08
Permit Denied (Date):	Reason for Denial:		
Permit #: 13-0208	Permit Date: 7-24-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Structure is existing, Met all setbacks.			
Date of Inspection: 6-18-13	Inspected by: M. Tuttle	Zoning District (R1) Lakes Classification (NA)	Date of Re-Inspection:
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)			
Must obtain Bayfield County Health Dept. license and inspections			
Signature of Inspector: Michael Tuttle			Date of Approval: 6-20-13
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input checked="" type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____

# OF BARNES, BAYFIELD COUNTY, WISCONSIN.



Daniel A. Holman WI. RLS #2393 Date 11-6-06



L1	N 00°04'02" W	35.57' +/-
L2	N 00°04'02" W	58.67'
L3	N 86°32'40" E	134.72'
L4	S 57°29'31" E	155.28'
L5	N 88°43'09" W	45.41'

**HOLMAN**  
LAND SURVEYING



Daniel A. Holman WI. RLS #2393  
PO Box 726  
Washburn, WI. 54891  
(715)-373-0848 Fax 2302

## Project

Project name: 4-44-9 kriegler  
Client name: Krieger, Kelly  
Fieldbook: T.44N-R.9W  
Date: 11/02/06  
Page 1 of 2  
Drafted by: Michael T. Coleman

## Legend

- ◆ Found iron pipe as noted
- Set 3/4"x18" iron rod - 1.50 lbs/ft
- Found cedar post

Scale: 1" = 200'



Bearing referenced to the North line of  
Gov't Lot 8, Section 4, T. 44 N., R. 9 W.  
Bearing N 89°03'53" W



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
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Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DECEMBER  
JUL 3 0 2013  
Bayfield Co. Zoning Dept.

Permit #:	13-0019
Date:	7-31-13
Amount Paid:	\$75
Refund:	7-31-13

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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Owner's Name: Todd Webber	Mailing Address: 9101 Clyde Ave Duluth MN 55808	Telephone:
Address of Property: XXX River Rd.	City/State/Zip: Duluth, WI 54873	Cell Phone: 218-940-3708
Contractor: SC/H	Contractor Phone:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: S/4 SE 1/4, SE 1/4 NE 1/4	Legal Description: (Use Tax Statement) 04-004-2-44-06-18-404-000-70000	Recorded Document: (i.e. Property Ownership) Volume 1090 Page(s) 852
Section 18, Township 44 N, Range 9 W	Gov't Lot 5	Lot(s) No. 895
	Vol & Page 6, 74	Block(s) No.
		Subdivision:
		Lot Size
		Acreage 2.45
<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline: feet
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline: feet 110'
		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * (include donated time & material)	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 40,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> _____		<input checked="" type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( 32 x 40 )	1280
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	
	with Loft	( )	
	with a Porch	( )	
	with (2 <sup>nd</sup> ) Porch	( )	
	with (2 <sup>nd</sup> ) Deck	( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( )	
	Mobile Home (manufactured date)	( )	
	Addition/Alteration (specify)	( )	
	Accessory Building (specify)	( )	
	Accessory Building Addition/Alteration (specify)	( )	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	( )	
	Conditional Use: (explain)	( )	
	Other: (explain)	( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

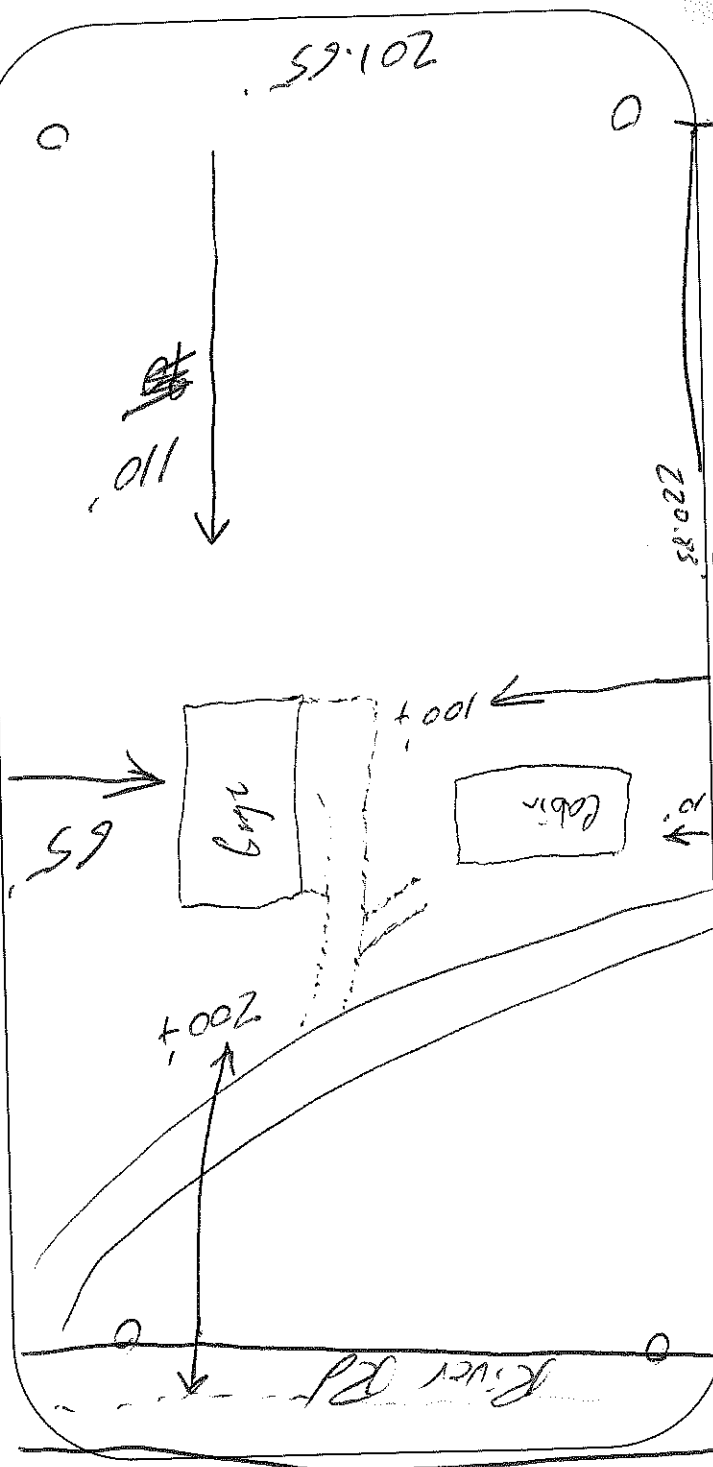
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement ☒ Attach

Below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- Show Location of:  
North (N) on Plot Plan
  - Show / Indicate:  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - Show Location of (\*):  
All Existing Structures on your Property
  - Show:  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - Show:  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - Show any (\*):  
(\*) Wetlands; or (\*) Slopes over 20%
  - Show any (\*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300' Feet	Setback from the Lake (ordinary high-water mark)	110 Feet
Setback from the Established Right-of-Way	300' Feet	Setback from the River, Stream, Creek	110' Feet
Setback from the North Lot Line	100' Feet	Setback from the Bank or Bluff	100' Feet
Setback from the South Lot Line	100' Feet	Setback from Wetland	100' Feet
Setback from the West Lot Line	100' Feet	Setback from 20% Slope Area	100' Feet
Setback from the East Lot Line	100' Feet	Elevation of Floodplain	100' Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0019		Permit Date: 7-31-13			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes	(Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes	(Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	Case #:	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	Were Property Lines Represented by Owner
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	Was Property Surveyed
Inspection Record:		Zoning District (R-1)			
Date of Inspection: 7-30-13		Inspected by: M. Fuchs		Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
May not be used for human habitation.					
No water under pressure in structure.					
Signature of Inspector: Michael Fuchs					
Hold For Sanitary: <input type="checkbox"/>		Hold For TDA: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
				Date of Approval: 7-31-13	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Received  
JUL 3 0 2013  
Bayfield Co. Zoning Dept.

Permit #:	13-0880
Date:	7-31-13
Amount Paid:	\$75
Refund:	7-31-13

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
Jim Townsend		52200 Maple Ave		WI 54873		715-795-2161			
Address of Property:		City/State/Zip:		Cell Phone:		715-580-0452			
53200 Maple Ave		Barnes WI 54873		54873					
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
CE/7		Same							
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-0042-43-09-38-401-000-50000		Recorded Document: (i.e. Property Ownership) Volume 1111		Page(s) 225-26	
NE 1/4, SE 1/4 SE 56		Gov't Lot		Lot(s)		CSM		Vol & Page	
Section 28, Township 45 N, Range 9 W		Town of Barnes		Lot(s) No.		Block(s) No.		Subdivision:	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: _____ feet					

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$3500	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CE/7</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 16'	Width: 10'	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		( X )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with a Porch	( X )	
	<input type="checkbox"/>	with (2") Porch	( X )	
	<input type="checkbox"/>	with a Deck	( X )	
	<input type="checkbox"/>	with (2") Deck	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>DECK</u>	(10 X 16)	160
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	
JUL 31 2013	<input type="checkbox"/>			

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date 7-30-13  
(if there are multiple owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

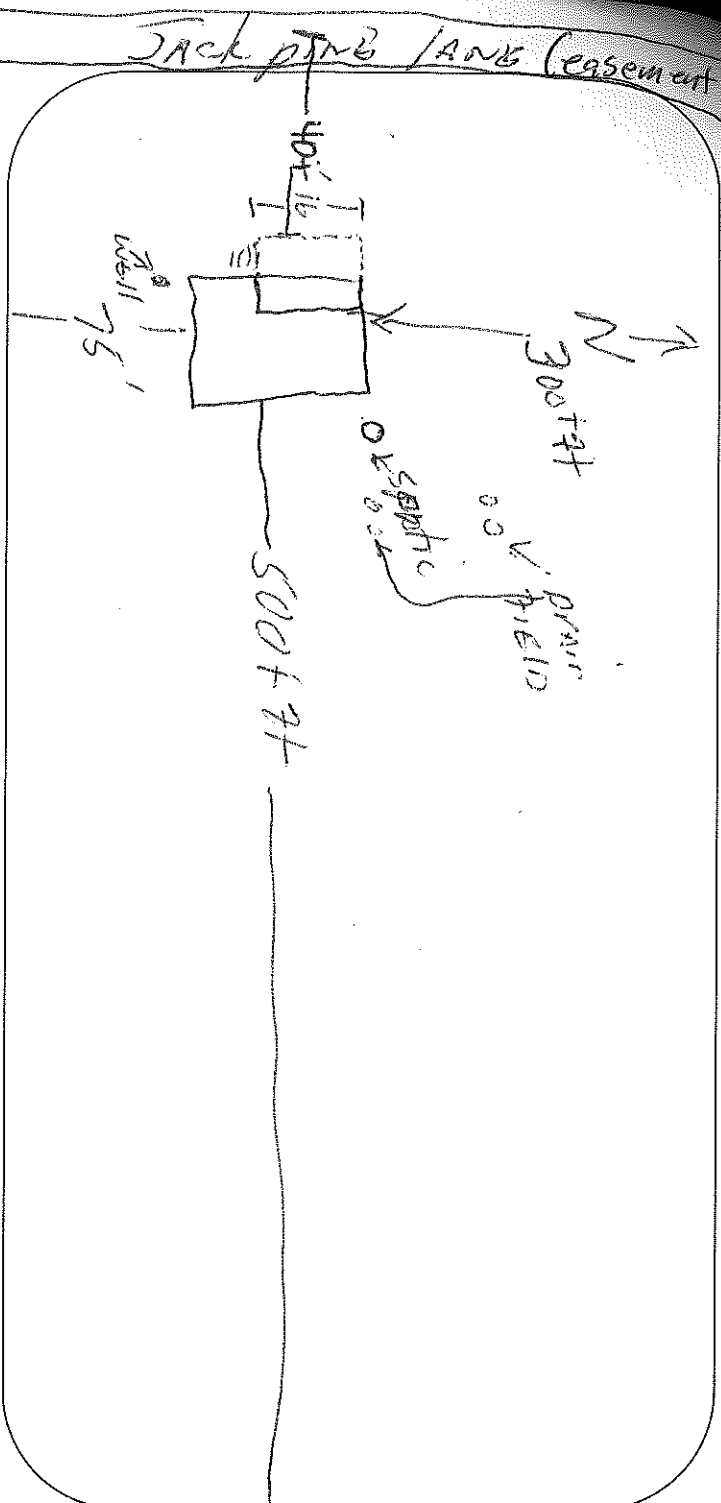
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit SAME AS ABOVE Attach Copy of Tax Statement ✓  
If you recently purchased the property send your Recorded Deed ✓



Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	1200+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the North Lot Line	40+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the South Lot Line	300+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the West Lot Line	75+ Feet	Setback from Wetland	NA Feet
Setback from the East Lot Line	40+ Feet	Setback from 20% Slope Area	NA Feet
		Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	6.5 Feet	Setback to Well	10 Feet
Setback to Drain Field	38 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>389589</b>	# of Bedrooms: <b>2</b>	Sanitary Date: <b>7-31-02</b>			
Permit Denied (Date):	Reason for Denial:						
Permit #: <b>13-00000</b>	Permit Date: <b>7-31-13</b>						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:							
<b>Mets all setbacks.</b>							
Date of Inspection: <b>7-30-13</b>	Inspected by: <b>M. Futch</b>	Zoning District: <b>(F-1)</b>	Lakes Classification: <b>(NA)</b>	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
Signature of Inspector: <b>Michael Futch</b>							
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <b>7-31-13</b>			

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
Date Stamp (received)  
JUL 30 2013  
Bayfield Co. Zoning Dept.

Permit #:	13-0391
Date:	7.31.13
Amount Paid:	\$75
Refund:	7.31.13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <b>Doug Stearnly</b>	Mailing Address: <b>28049 Yellow Pine St NW, Isanti, MN</b>	City/State/Zip: <b>Barnes, WI 54873</b>	Telephone: <b>763 434-9614</b>
Address of Property: <b>48785 Clearwater Rd</b>		Contractor Phone: <b>765-2358</b>	Plumber: <b>Plumber Phone:</b>
Contractor: <b>Dave Christenson</b>		Agent Phone:	Agent Mailing Address (include City/State/Zip):
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION <b>1/4, 1/4</b>	Legal Description: (Use Tax Statement) <b>04 004 2-44-09-19-3 00-150-21000</b>	PLN: (23 digits) <b>004 2-44-09-19-3 00-150-21000</b>	Recorded Document: (i.e. Property Ownership) Volume <b>985</b> Page(s) <b>361</b>
<b>1/4, 1/4</b>	Gov't Lot <b>23</b>	Lot(s) <b>23</b>	CSM <b>985, 361</b>
<b>1/4, 1/4</b>	Vol & Page <b>985, 361</b>	Lot(s) No.	Block(s) No.
Section <b>19</b> , Township <b>44</b> N, Range <b>9</b> W	Town of: <b>Barnes</b>		Subdivision: <b>Clearwater</b>
		Lot Site	Acres <b>1.309</b>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? <input type="checkbox"/> If yes---continue -->	Distance Structure is from Shoreline: <input type="checkbox"/> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes---continue -->	Distance Structure is from Shoreline: <input type="checkbox"/> feet		

Value at Time of Completion * include donated time & material <b>\$17,000</b>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Spec Type: <u>Cow</u> <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>30'</b>	Width: <b>22'</b>	Height: <b>16'</b>
Proposed Construction:	Length: <b>30'</b>	Width: <b>22'</b>	Height: <b>16'</b>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Residential Use	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Mobile Home (manufactured date)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building Addition/Alteration (specify) <u>garage</u>	( <b>22</b> X <b>30'</b> )	<b>660</b>
Rec'd for Issuance	Special Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<b>JUL 31 2013</b>	Other: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date **7-30-13**

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit **Dave Christenson, 50685 Lake Rd, Barnes, WI 54873**

Copy of Tax Statement ☒  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

	Proposed Construction
(1) Show Location of:	North (N), on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	

Please complete (1) – (7) above (prior to continuing)

**Changes in plans must be approved by the Planning & Zoning Dept.**

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other. Previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

**NOTE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local town, Village, City, State or Federal agencies may also require permits.

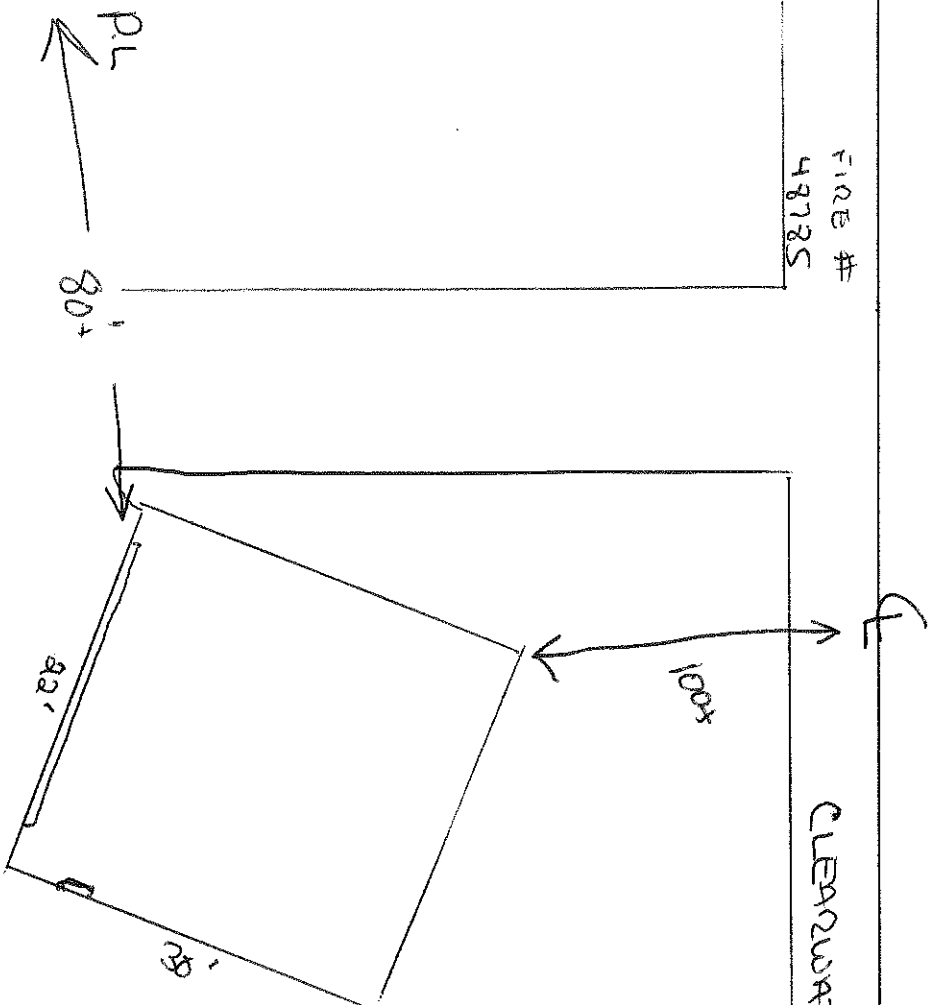
©©© January 2012

EST. COST - 11  
EST. COST WITH DIST - 17.  
WORK

N

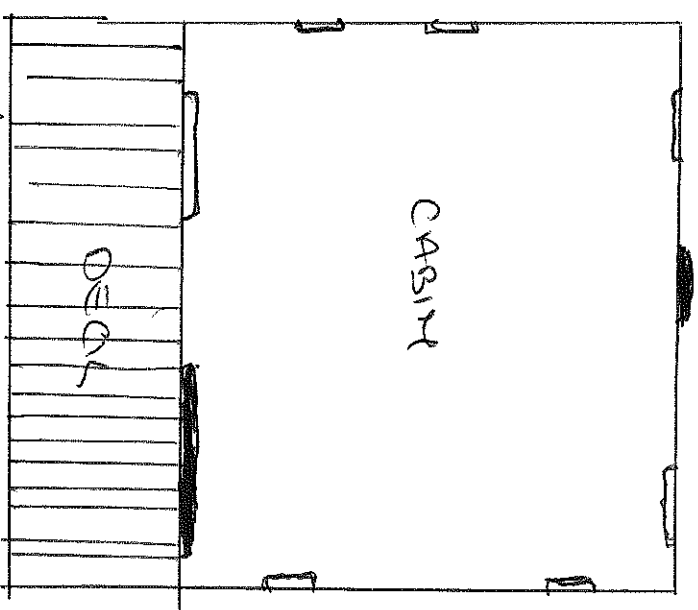
FILE #  
48725

CLEARWATER ROAD, GRANES WI.



- CONCRETE SLAB
- BRK CONSTRUCTION
- VINYL SIDING (ALUMINUM)
- SINGLE GARAGE DOOR
- SERVICE DOOR WITH WINDOW

ca bin to DL 65'



(PUBS)

75'  
OHWM